



New Jersey Department of Environmental Protection
Site Remediation Program

TRADITIONAL OVERSIGHT REPORT CERTIFICATION
FORM

Date Stamp
(For Department use only)

SECTION A. SITE NAME AND LOCATION

Site Name: American Cyanamid Superfund Site

List All AKAs: Wyeth Holdings LLC (See Note 1); Pfizer Inc.; Lederle; American Cyanamid Co.

Street Address: 20 Polhemus Lane

Municipality: Bridgewater (Township Borough or City)

County: Somerset

Zip Code: 08807

Program Interest (PI) Number(s): Site ID 15796, PI #001000 Case Tracking Number(s): See Note 2

SECTION B. REPORT INFORMATION

Report Name: 2019 OU4 Groundwater Component Annual Report*

Report Date: 06/05/2020

*Certification covers this and subsequent deliverables
per NJDEP and USEPA review, comments and approvals

Federal Traditional Case Type :

☐ RCRA GPRA 2020

☒ CERCLA/NPL

☐ USDOD

☐ USDOE

☐ Other (explain):

SECTION C. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION INFORMATION AND CERTIFICATION

Full Legal Name of the Person Responsible for Conducting the Remediation: Wyeth Holdings LLC (See Note 1)

Representative First Name: Russell

Representative Last Name: Downey

Title: Director, Environmental Engineering, Remediation & Transactions

Phone Number: (908) 901-6079

Ext: n/a

Fax: (212) 338-1649

Mailing Address: Pfizer Inc., 100 Route 206 North, MS 4LLA-401

City/Town: Peapack

State: NJ

Zip Code: 07977

Email Address: russell.g.downey@pfizer.com

This certification shall be signed by the person responsible for conducting the remediation who is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.

Signature:

Date: 05-Jun-2020

Name/Title: Russell G. Downey, Director

Note 1: Formerly known as Wyeth Holdings Corporation

Note 2: RCRA ID NJD002173276; APC 35001; CRTK 009014011001; Water Supply 2626E; Physical Connection 0750; NJPDES 001000; Land Use 001000; NJPDES NJG0257583; NJPDES NJG0222020; Non-Domestic Wastewater Discharge Permit #8D

SECTION D. LICENSED SITE REMEDIATION PROFESSIONAL INFORMATION AND STATEMENT

LSRP ID Number: _____

First Name: _____ Last Name: _____

Phone Number: _____ Ext: _____ Fax: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Email Address: _____

This statement shall be signed by the LSRP who is submitting this notification in accordance with SRRA Section 16 d. and Section 30 b.2.

I certify that I am a Licensed Site Remediation Professional authorized pursuant to N.J.S.A. 58:10C to conduct business in New Jersey. As the Licensed Site Remediation Professional of record for this remediation, I:

[SELECT ONE OR BOTH OF THE FOLLOWING AS APPLICABLE]:

- ☐ *directly oversaw and supervised all of the referenced remediation, and/or*
☐ *personally reviewed and accepted all of the referenced remediation presented herein.*

I believe that the information contained herein, and including all attached documents, is true, accurate and complete.

It is my independent professional judgment and opinion that the remediation conducted at this site, as reflected in this submission to the Department, conforms to, and is consistent with, the remediation requirements in N.J.S.A. 58:10C-14.

My conduct and decisions in this matter were made upon the exercise of reasonable care and diligence, and by applying the knowledge and skill ordinarily exercised by licensed site remediation professionals practicing in good standing, in accordance with N.J.S.A. 58:10C-16, in the State of New Jersey at the time I performed these professional services.

I am aware pursuant to N.J.S.A. 58:10C-17 that for purposely, knowingly or recklessly submitting false statement, representation or certification in any document or information submitted to the board or Department, etc., that there are significant civil, administrative and criminal penalties, including license revocation or suspension, fines and being punished by imprisonment for conviction of a crime of the third degree.

LSRP Signature: _____ Date: _____

LSRP Name/Title: _____

Company Name: _____

Completed forms should be sent to:

Assigned Case Manager (Attention: Haiyesh Shah)
Bureau of Case Management
Site Remediation Program
NJ Department of Environmental Protection
401-05F
PO Box 420
Trenton, NJ 08625-0420